## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Vote!	
	C C00473918
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Shorr Johnson Magnus	06 23 2016
Mailing Address 100 N 20th St	Amount
Ste 201	Amount
City State Zip Code	21714.29
Philadelphia PA 19103-1454	Transaction ID: VN7A7A1DTH0 Date of Disbursement or Obligation
Purpose of Expenditure Media Production  Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Patrick Toomey Oppose	President X Senate State: PA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Waterfront Strategies	06 23 2016
Mailing Address 3050 K St NW	
Ste 100	Amount
City State Zip Code	1115958.00
Washington DC 20007-5161	Transaction ID: VN7A7A1DTE6 Date of Disbursement or Obligation
Purpose of Expenditure  Modic Pay TV  Category/  Category/	M - M / D D / Y - Y - Y
Media Buy TV Type 004	06 21 2016
Name of Federal Candidate Support Offic	e Sought: House District: 00
Patrick Toomey Oppose	President Senate State: PA
	ursement For: Primary X General
Per Election for Office Sought 1137672.29 2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1137672.29
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1137672.29
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
2 4.10	06 23 2016
Signature	